



JON S. CORZINE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
Home Inspection Advisory Committee
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APPLICATION FOR REINSTATEMENT OF NEW JERSEY LICENSE OR CERTIFICATE

YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR LICENSE OR CERTIFICATE IS REINSTATED

Please type or print in black ink. This application must be completed, notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

Complete the following information:

Full Name _____

Address _____

City, State, Zip _____

Telephone Number(s) _____
(Home) (Work)

Date of Birth _____ Social Security Number _____

Type of License/Certificate _____ NJ License/Certificate Number _____

Initial License/Certificate Date _____ Date of Last Renewal _____

Type of practice involved in or employed in (check appropriate box):

Proprietorship ☐ Corporation ☐ Partnership ☐ Professional Service Corp. ☐

If self-employed and you use a business address other than your home, complete the following:

(Business Name)

(City) (State) (Zip Code)

Please answer the following questions on the reverse side:

If you are not self-employed, complete the following:

Name of employer _____

Address of employer _____

Title or position _____

Answer all questions from the time period that you were last licensed or certified in New Jersey.

1. Have you been convicted of a crime? ☐ Yes ☐ No
2. Are there any criminal charges against you now pending? ☐ Yes ☐ No
(Parking or speeding violations do not require you to answer "Yes", but all other motor vehicle offenses must be disclosed)
3. Has your professional license been revoked or suspended ☐ Yes ☐ No
4. Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? ☐ Yes ☐ No
5. Have you completed the continuing education units as required as part of renewal of your license? If you answered "Yes", please provide a copy of all certificates. ☐ Yes ☐ No
6. Do you currently hold a valid errors and omissions insurance policy in the amount of \$500,000? If you answered "Yes", please provide an **original** insurance certificate indicating the person(s) insured and the coverage type. ☐ Yes ☐ No

***** PLEASE NOTE - If you have answered "Yes" to any questions from 1-4 above, you must provide an explanation and attach any and all related documents.**

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature

Date

Notary's Full Signature

Date

Notary's Commission Expires on: _____